

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002589

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 224 Primary Registration District No. 5794 Registrar's No. 92

FILED JAN 14 1963

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moreau Township		c. CITY OR TOWN Clarksburg	
Length of stay in 1b 13 Yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route # 1, 2 Miles S.E.		d. STREET ADDRESS (If outside, give location) 2 Miles South East, Route #1	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) ISAAC LLOYD ROARK			4. DATE OF DEATH Month January Day 7 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/23/1885	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Plumber		10b. KIND OF BUSINESS OR INDUSTRY Manuf. Rep. for Plumbing Supplies		11. BIRTHPLACE (City and state or country) Clarksburg, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Joshua Levi Roark		13b. MOTHER'S MAIDEN NAME Nancy Catherine Williams	
14. NAME OF HUSBAND OR WIFE Leona		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. Leona Williams Roark, Missouri		Address Rt 1, Clarksburg			

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Arteriosclerosis DUE TO (c) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH less than 1 hour 1 + years 2 + months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Clarksburg Moniteau Mo		20f. CITY, TOWN, OR LOCATION Clarksburg Moniteau Mo	
21. I attended the deceased from 10-28-62 to 1-6-63 and last saw him alive on 1-6-63 Death occurred at 4:55 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. B. Feltz, M.D.		22b. ADDRESS California, Mo	
22c. DATE SIGNED 1-8-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/9/1963	23c. NAME OF CEMETERY OR CREMATORY Clarksburg Masonic	23d. LOCATION (City, town, or county) (State) Clarksburg, Missouri
24. FUNERAL DIRECTOR Hugh E. Williams, California, Missouri		25. DATE RECD. BY LOCAL REG. 1-9-63	26. REGISTRAR'S SIGNATURE Helen L. Gagejoy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0680

2 0680

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12 90-0

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JAN 30 1963

JUN 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Russell C. Maag

Licensed Embalmer No. 4804

P.O. Address California, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.